

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

ORIGINAL

(File Original and 3 copies)

Docket No.

00-0457

ICC Office Use Only

Please provide the appropriate information in the () areas in the heading below.

PT-1 Counsel Inc.
Application for a certificate of
Interexchange authority
to operate as a reseller
and facilities based provider of
telecommunications
services throughout the
State of Illinois.

RECEIVED
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COMMUNICATIONS SECTION

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any)

FEIN # 13-4119107

PT-1 Counsel Inc.

Address: Street 280 Park Ave., West Bldg., 28th Floor

City New York State/Zip New York 10017

2. Authority Requested: (Mark all that apply) ☒ 13-403 ☒ 13-404 ☐ 13-405

3. Request for waivers/variances: In applications for exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting.

☒ Part 710 ☒ Part 735 ☐ Section 735.180 ☐ Other

4. In what area of the state does the Applicant propose to provide service?

Statewide

5. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues

- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address, if any. **See Attachment A.**

7. Please check type of organization?

☐ Individual

 ☒ Corporation
☐ Partnership

 Date corporation was formed: May 25, 2000

 In what state? Delaware
☐ Other (Limited Liability Company)

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois. **See Attachment B.**

9. List jurisdictions in which Applicant is offering service(s).

None at this time _____

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details)

 ☒ NO

11. Have there been any complaints against the Applicant in any other jurisdiction?

☐ YES

 ☒ NO

If YES, describe fully. _____

12. Will the Applicant keep its books and records in Illinois? ☐ YES ☒ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

Pursuant to Adm Code Part 250, **Applicant hereby respectfully requests permission to keep its books and records in the State of New York at its principal place of business. Applicant will make such records available to the Commission upon request, and will reimburse the Commission for any necessary expenses to review such information.**

MANAGERIAL

13. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms. **See Attachment C.**

14. List officers of Applicant.

Gary Wasserson, President & Treasurer
Jamie Warner, Secretary

15. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? _____ YES X NO

If YES, list entity. _____

16. How will Applicant bill for its service(s)?

Applicant will bill on a monthly basis. Applicant's bills will include call detail information, and separate line items for all services and charges, including any monthly recurring charges, onetime charges, taxes or surcharges. Applicant will either direct bill, or LEC bill for casual calling customers.

17. How does Applicant propose to handle service, billing, and repair complaints?

Service, billing and repair complaints can be reached through a toll-free number. If the customer is not satisfied with the complaint resolution, customer will be advised it can contact the Illinois Commerce Commission for resolution.

18. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? X YES _____ NO

19. What telephone number(s) would a customer use to contact your company?

(800) 513-6947

20. What are your procedures to prevent unauthorized "slamming" of customers?

For presubscribed service, the company will obtain a written letter of agency prior to implementing a carrier change and prior to commencing service. The company's primary business will be Prepaid calling cards and casual calling which does not require carrier changes.

21. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 735, 755, 756, 757, 770, and 772?

_____ YES _____ NO (If no, please provide an explanation.)

NOT APPLICABLE, INTEREXCHANGE SERVICE ONLY

22. Will the applicant sign and return membership forms to the Universal Telephone Assistance Corporation and the Illinois Telecommunications Access Corporation? _____ YES X NO

NOT APPLICABLE, INTEREXCHANGE SERVICE ONLY

FINANCIAL

23. Please attach evidence of applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service. **See Attachment D.**

TECHNICAL

24. Does Applicant utilize its own equipment and/or facilities? ☒ YES ☐ NO

If YES, please list: Applicant has Nortel DMS 250 switches currently located in New York, New Jersey and Florida, and will be deploying similar equipment in the State of Illinois, including VOIP technology.

If NO, which facility provider(s)'s services does Applicant use?

For resale. Applicant will utilize MCI WorldCom, AT&T, Sprint and various other facilities based providers


25. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, local service).

Debit cards and long distance service, including 1+ , 1010XXXX casual calling, outbound dialing, 800/888 toll-free inbound dialing and calling cards, and directory assistance.

26. Will technical personnel be available at all times to assist customers with service problems?

☒ YES ☐ NO

27. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? ☐ YES ☐ NO **NOT APPLICABLE**



Gary Wasserson
President

VERIFICATION

This application shall be verified under oath.

OATH

State of New York

1

)SS

County of New York

)

Gary Wasserson makes oath and says that he/she is President

(Insert here the name of affiant)

(Insert the official title of the affiant)

of PT-1 Counsel Inc.

(Insert here the exact legal title or name of the Applicant)

that he/she has examined the foregoing application and that to the best of his/her knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.


G. F. Warner

Gary Wasserson
President

Subscribed and sworn to before me, a Notary Public/

(Title of person authorized to administer oaths)

in the State and County above named, this 20 day of June 2000.


(Signature of person authorized to administer)

(Signature of person authorized to administer oath)

DANIEL GOLDSMITH
Notary Public, State of New York
Not. # 0050520148
Qualified in New York County
Commission Expires February 22, 2001.

List of Attachments

- A Designated Contact Persons
- B Certificate of Incorporation and Certificate of Authority
- C Management & Technical Information
- D Financial Information